

STATE OF ALASKA CORPORATION NET INCOME TAX Application for Tentative Refund

Department Use Only
ENVELOPE

611N

Federal EIN			EIN Used on original return, if different	
Name			Name used on original return, if different	
Address			Phone number	Fax number
City	State	Zip +4	Contact phone number	E-mail address
<input type="checkbox"/> Check if under Audit at this time by the Alaska Department of Revenue			Contact person	Title

1	This application is to carry back:	a.	Net operating loss	
		b.	Net capital loss	
2.	Loss year		Tax Year ended	

Computation of Decrease in Tax		FSN:		FSN:		FSN:	
		3rd preceding tax year		2nd preceding tax year		1st preceding tax year	
		(a) before Carryback	(b) after Carry back	(c) before carryback	(d) after carryback	(e) before Carryback	(f) after carry back
3.	Taxable income from Alaska tax return						
4.	Net capital loss deduction						
5.	Subtract line 4 from line 3						
6.	Net operating loss deduction after carryback						
7.	Taxable income. Subtract line 6 from line 5						
8.	Income Tax						
9.	Credits						
10.	Other taxes						
11.	Net income tax. Subtract line 9 from line 8 and add line 10						
12.	Net payments. (Total previous payments less total previous refunds, credits, penalties and interest)						
13.	Enter amounts from line 11, columns (b), (d) and (f)						
14.	Net overpayment. Subtract line 13 from line 12						
15. Total refund claimed							

I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Preparer's declaration is based on all information of which preparer has any knowledge.

Officer's signature	Date	Title		
Preparer's signature	Date	Preparer's SSN or PTIN	<input type="checkbox"/> Check if Self-Employed	
Firm's name	EIN	<input type="checkbox"/> check if DOR may discuss this return with the preparer (see Instructions)		
Firm's address	City	State	Zip + 4	

Mail to: ALASKA DEPARTMENT OF REVENUE
TAX DIVISION
PO BOX 110420
JUNEAU AK 99811-0420

611N

Validation#	CFWD
	REFUND
	APPROVED
	DATE

Retain a copy for your records